

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Commissioner for Patents
Mail Stop RCE
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/528,209
Filing Date:	March 16, 2005
First Named Inventor	Elaine Stephen
Art Unit	1794
Examiner	Thomas, Alexander S
Attorney Docket No.	8830-328 US1 (208102)

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. § 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- | | | |
|----|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. | <input type="checkbox"/> | Previously submitted If a final Office Action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked. |
| | i. | <input type="checkbox"/> Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on |
| | ii. | <input type="checkbox"/> Other |
| b. | <input checked="" type="checkbox"/> | Enclosed |
| | i. | <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> |
| | iii. | <input type="checkbox"/> Information Disclosure Statement (IDS) |
| | ii. | <input type="checkbox"/> Affidavit(s)/Declaration(s) |
| | iv. | <input type="checkbox"/> Other: |

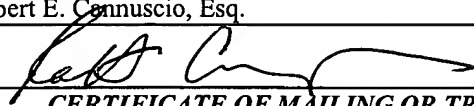
2. **Miscellaneous**

- | | | |
|----|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. | <input type="checkbox"/> | Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required.) |
| b. | <input type="checkbox"/> | Other |

3. **Fees** (The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.)

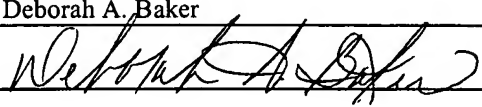
- | | | |
|----|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| a. | <input checked="" type="checkbox"/> | The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-0573. |
| | i. | <input type="checkbox"/> RCE fee required under 37 CFR 1.17(e) |
| | ii. | <input type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17) |
| | iii. | <input checked="" type="checkbox"/> Other Additional claims fee |
| b. | <input checked="" type="checkbox"/> | Check in the amount of \$405.00 enclosed |
| c. | <input type="checkbox"/> | Payment by credit card (Form PTO-2038 enclosed) |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name	Robert E. Connuscio, Esq.	Registration No.	36,469
Signature		Date	June 23, 2008

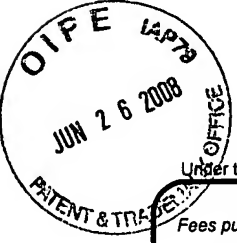
CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name	Deborah A. Baker	Date	June 23, 2008
Signature			

06/26/2008 WABDELRI 00000052 10528209

01 FC:2801	405.00 OP
02 FC:2201	105.00 OP



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2008		Application Number	10/528,209
		Filing Date	March 16, 2005
		First Named Inventor	Elaine Stephen
		Examiner Name	Thomas, Alexander S.
		Art Unit	1794
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	8830-328-US1 (208102)
TOTAL AMOUNT OF PAYMENT	(\$) 510.00		

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0573 Deposit Account Name: Drinker Biddle & Reath

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**

Other (e.g., late filing surcharge): Fee for one additional independent claim **\$105.00**

SUBMITTED BY		
Signature		Registration No. 36,469
Name (Print/Type)	Robert E. Cannuscio, Esq.	Telephone 215-988-3303
		Date June 23, 2008

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.